



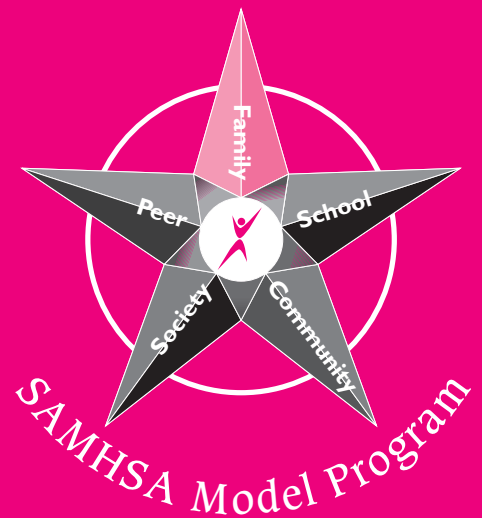
## Coping With Work and Family Stress

Coping With Work and Family Stress: A Workplace Preventive Intervention, is a 16-session weekly group intervention designed to teach employees how to develop and apply effective coping strategies to deal with stressors at work and at home. The program results in—

- Actual reduction in work and family stressors
- Increased use of social support
- Changes in the meaning of stressful events
- Less reliance on avoidance coping strategies
- Increased use of a wider range of stress management approaches
- Prevention or reduction of alcohol and drug use
- Prevention or reduction of psychological symptoms such as depression and anxiety

### INTENDED POPULATION

The program was tested in a wide range of work settings including manufacturing, water authority, telecommunications, and utility companies. The target population included both men and women working in various occupational groups and of diverse ages and ethnic, racial, and socioeconomic backgrounds. The participants also varied in education, religious affiliation, marital status, and number of children.



*Effective Substance Abuse and  
Mental Health Programs  
for Every Community*

### PROVEN RESULTS

- 16% increase in the use of active behavioral coping skills
- 15% increase in the use of social support coping
- 33% reduction in avoidance coping (e.g., "I avoided doing anything about the situation")
- 17% reduction in social withdrawal coping (e.g., "I avoided being with people")
- 18% reduction among a female sample and 11% reduction in a male and female sample in depression, anxiety, and somatic complaints

### INTERVENTION

Universal

Selective

Indicated

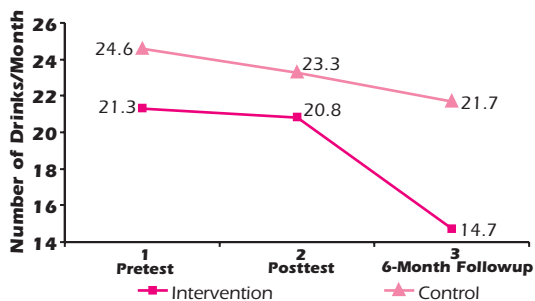


**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
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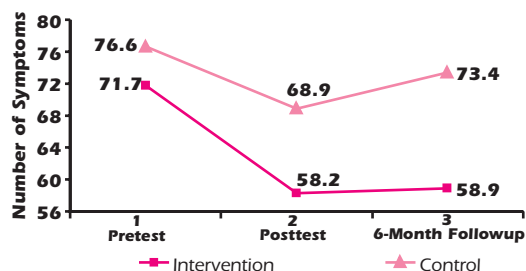
## Outcomes

- Significant reduction in work and family stressors
- Significant increase in problem-solving and cognitive coping strategies
- Significant reduction in the use of avoidance coping strategies
- Significant increase in social support from supervisors and co-workers
- Significant reduction in use of alcohol and other drugs
- Significant reduction in depression, anxiety, and somatic complaints

**Study 1: Effectiveness of Work and Family Stress Intervention in Reducing Alcohol Consumption**



**Study 1: Effectiveness of Work and Family Stress Intervention in Reducing Psychological Symptoms**



## BENEFITS

- Reduced work and family stressors
- Increased social support from supervisors and coworkers
- Enhanced use of effective coping strategies
- Decreased use of avoidance coping strategies
- Fewer psychological symptoms
- Less alcohol consumption
- Less use of illicit substances

## HOW IT WORKS

Companies provide release time so that employees can participate in the program consistently. The first component of the program teaches methods that can potentially eliminate or modify sources of stress. The second component teaches techniques that help to modify cognitive and appraisal processes that lead to or exacerbate stress. The third component emphasizes stress management and reducing the use of avoidance coping and other negative tension-reducing behaviors. In the final session, participants form personalized stress management plans to maintain the program's beneficial effects.

Specific techniques include didactic presentations, group discussion and problem solving, and looking at personal experiences. The strategies provide opportunities to learn a wide range of active coping skills, to consider ways to make better use of social networks, and to practice specific stress management approaches. Though the program is conducted in a group setting, it promotes behavior change in relation to employees' unique work and family situations. This intervention is adaptable to any work setting.

## IMPLEMENTATION ESSENTIALS

**Dissemination.** The program uses a "train-the-trainer" model involving personnel in the workplace or other professionals in the community to implement the program. Training takes 3 full days with two trainers, with up to 20 participants in each training series. The training is intensive, using instructive and personal experience. Onsite or telephone followup is essential to guarantee program fidelity and to troubleshoot issues that might arise once implementation in the work setting begins. It is vital to have strong management support for the program, with a commitment to provide release time for employee participation.

Individuals training to implement the program receive intervention materials (at cost), including a curriculum (*Managing Work and Family Stress: A Coping Skills Intervention*), a supply of handouts for each session, and CDs

that illustrate stress management techniques. When the program is implemented, these materials are provided to the employees so they can practice using new coping strategies and stress management techniques at home between sessions and after completing the program.

**Implementation.** Sixteen 1½-hour sessions are conducted by a trainer with a group of 15 to 20 employees. The trainer needs approximately 4 to 6 hours per week to prepare and deliver the course, and the need for administrative support is minimal. Space for conducting the sessions is provided by the company. Equipment and materials include a flip chart, handouts, CD, three-ring binders for all participants, and the optional use of an overhead projector or PowerPoint for presentations.

## PROGRAM BACKGROUND

The model is derived from Pearlin and Schooler's hierarchy of coping mechanisms as well as Bandura's social learning theory. The NIDA- and NIAAA-funded investigations provided the basis for development of the Yale Work and Family Stress Program. The curriculum that guided the intervention for these two studies placed a major emphasis on the role of stress, coping, and social support in relation to the occurrence of substance use and psychological symptoms. Ultimately, a 16-session program was created to teach employees effective methods for reducing risk factors and enhancing protective factors. The two studies involved rigorous experimental designs and provided evidence that those who participated in the program showed significantly greater decreases in substance use and psychological symptoms compared to control group participants.

## EVALUATION DESIGN

Two studies funded by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) assessed whether the program was effective in reducing substance abuse and psychological symptoms. Study 1 involved 239 female secretarial and clerical workers employed at one of four sites in Connecticut-based corporations. The companies represented manufacturing, utility, and telecommunication companies. Eligible volunteers were randomly assigned within each site to the program or the control group.

Study 2 involved 468 male and female employees working at one of three sites in Connecticut: two large water authority companies and one manufacturing plant. The sample included a cross-section of all occupational groups within the sites. All employees were invited to participate, and those who volunteered were randomly assigned within each site to one of three conditions: a 16-session coping-skills intervention, an 8-session attention control group, or a no-treatment control condition.

## TARGET AREAS

### Protective Factors to Increase

- Active coping (e.g., problem solving)
- Social support from work (supervisors/coworkers) and non-work (spouse/partner, family, friends) sources
- Stress management approaches and other health-promoting behaviors

### Risk Factors to Decrease

- Work stressors (employee role, work environment)
- Family stressors (spouse/partner and parent roles)
- Work/Family stressors (interplay of work and family situations)
- Avoidance coping (e.g., wishful thinking, social withdrawal)

## PROGRAM DEVELOPERS

**David L. Snow, Ph.D.**

**Katherine Grady, Ph.D.**

David L. Snow, Ph.D., is a professor of psychology in psychiatry, Child Study Center, and epidemiology and public health, Yale University School of Medicine. He is also the director of the Division of Prevention and Community Research and The Consultation Center, Department of Psychiatry. He has extensive experience in the design and evaluation of preventive interventions in community settings, especially in the workplace and schools, and in research aimed at identifying risk and protective factors that are predictive of psychological symptoms and problem behaviors. His workplace research has involved the use of rigorous experimental designs to assess intervention effectiveness across multiple settings and with diverse employee populations. Dr. Snow has conducted research examining the precursors, correlates, and outcomes of intimate partner violence among both male and female populations and has undertaken the evaluation of interventions to prevent family violence. He has special interests in the protective and stress-mediating effects of coping and social support, methodological and ethical issues in prevention research, service system development, and technical assistance and organizational consultation.

Katherine Grady, Ph.D., is an organization consultant in private practice and an associate clinical professor of psychology in psychiatry at Yale University. She was director of organization development and adult programs at The Consultation Center from 1979 to 1998 and was program director for the Yale Work and Family Stress Project. As program director, she worked collaboratively with Dr. Snow in developing the curriculum and overseeing the implementation of the Work and Family Stress program in company sites. A licensed psychologist for more than 20 years, Dr. Grady is also the chief assessor and trainer for the Center for Creative Leadership Programs conducted by Rensselaer at Hartford. In this role, she is involved in the comprehensive assessment and development of senior executives. She is also a senior associate with Lansberg, Gersick and Associates, a family-business consulting firm.

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## RECOGNITION

Model Program—Substance Abuse and Mental  
Health Services Administration, U.S.  
Department of Health and Human Services